

Case Number:	CM15-0093789		
Date Assigned:	07/24/2015	Date of Injury:	11/02/2010
Decision Date:	09/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old female who sustained an industrial injury on 11/01/2010. Current diagnoses include status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease/degeneration with disc protrusion at C4-5, C5-6, and C6-7 with central and foraminal stenosis, most severe at C5-6 and radiculopathy (non-industrial), and depression. Previous treatments included medications and surgical interventions. Previous diagnostic studies include EMG/NCV study on 12/17/2012, report not included. Report dated 03/26/2015 noted that the injured worker presented for follow up status post bilateral carpal tunnel release with residual pain. Pain level was not included. Physical examination was positive for mild tenderness to palpation and percussion over the well healed carpal tunnel release incisional scars at the wrists, and mild decreased sensation over the thumb and index finger of both hands. The treatment plan included continuing medications which included Vicoprofen for pain, Anaprox for pain and inflammation, Neurontin for neuropathic pain, Terocin patches for pain and inflammation, and flurbiprofen cream to decrease neuropathic pain. Disputed treatments include, Vicoprofen 7.5/200 mg Tabs Qty 60, Anaprox 550 mg tabs Qty Not Given, Neurontin 60 mg Tabs (Qty and refill not specified), Terocin Patch Qty 30, and Flurbiprofen 180 mg cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vicoprofen 7.5/200 mg Tabs Qty 60; 1 tab by mouth twice daily; 30 day fill; 1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-2. Decision based on Non-MTUS Citation The Pharmacological Basis of Therapeutics, 12th edition, 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: Vicoprofen is hydrocodone/ibuprofen. According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Vicoprofen. Therefore the request for Vicoprofen 7.5/200 mg Tabs Qty 60; 1 tab by mouth twice daily, 30 day fill, 1 refills is not medically necessary.

Anaprox 550 mg tabs Qty Not Given; 1 tab by mouth twice daily; no refills given: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-2. Decision based on Non-MTUS Citation The Pharmacological Basis of Therapeutics, 12th edition, 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI Symptoms & Cardiovascular risk, NSAIDs, hypertension and renal function, and NSAIDs, specific drug list & adverse side effects Page(s): 1, 22, 67-73.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The CA MTUS

Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Anaprox. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore the request for Anaprox 550 mg tabs Qty Not Given, 1 tab by mouth twice daily, no refills given is not medically necessary.

Neurontin 60 mg Tabs (Qty and refill not specified) 1 tab by mouth 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-2. Decision based on Non-MTUS Citation The Pharmacological Basis of Therapeutics, 12th edition, 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of gabapentin. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered the first line treatment for neuropathic pain. The medical records submitted for review did not note any objective findings on physical examination to support neuropathic pain. The treating provider did note that the injured worker had a EMG/NCV study of the upper extremities from 2012, but this report was not included in the reviewed documentation. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore the request for Neurontin 60 mg Tabs (Qty and refill not specified) 1 tab by mouth 3 times daily is not medically necessary.

Terocin Patch Qty 30; 1 patch topically; frequency, duration and refills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-2. Decision based on Non-MTUS Citation The Pharmacological Basis of Therapeutics, 12th edition, 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin patches. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The treating provider did note that the injured worker had a EMG/NCV study of the upper extremities from 2012, but this report was not included in the reviewed documentation. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. Therefore, the request for Terocin Patch Qty 30, 1 patch topically, frequency, duration and refills is not medically necessary.

Flurbiprofen 180 mg cream; no frequency, duration or refills specified; as an outpatient for cervical spine pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): table 8-2. Decision based on Non-MTUS Citation The Pharmacological Basis of Therapeutics, 12th edition, 2010; Physician's Desk Reference, 68th edition; Official Disability Guidelines: Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. The documentation submitted did not support that the injured worker had failed a trial of oral anti-depressant or anti-epileptic medication. There was no documentation of a diagnosis of post-herpetic neuralgia or that the injured worker has tried and failed other anti-depressants and anti-convulsants. Flurbiprofen is a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. As topical flurbiprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Therefore the request for flurbiprofen 180 mg cream; no frequency, duration or refills specified; as an outpatient for cervical spine pain is not medically necessary.